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## OFFICE OF HOMELAND SECURITY

January 24, 2006

Andrew Pasmant, City Manager  
City of West Covina  
1444 W. Garvey Avenue  
West Covina, CA 91790

Monitoring Report #M08-001

Dear Mr. Pasmant:

On January 23, 2008, the Office of Homeland Security (OHS), Monitoring and Audits Unit, Program Monitor, James Lewis conducted a desk monitoring review for the purpose of monitoring the City of West Covina OHS Grant Programs. I wish to thank you and your staff for the courtesy extended to Mr. Lewis during the review process. Enclosed, you will find the monitoring report for the following grants:

GRANT	PROGRAM NAME	PERIOD MONITORED
2003-0035 #037-84200	FY03 Part II Critical Infrastructural Protection (CIP)	03/17/03 - 04/16/03

The monitoring included a review of staffing needs, operational practices, source documentation, activities, and data reporting requirements. In addition, the monitor examined the grant for compliance with federal financial, administrative and auditing requirements, program guidelines, and other mandates as applicable. Finally, the monitor performed a selected review of accounting records that support the amounts claimed in your reimbursement requests. Project expenditures were validated to provide reasonable assurance that expenses are related to the grant, proper records are maintained, and expenditures are properly authorized and recorded.

As a reminder, the purpose of monitoring is to assist projects in the achievement of their goals and aiding them in administering their grant funds in the most effective and efficient manner. The monitoring is used as a tool to assist the subgrantee in complying with these requirements. Your OHS Program Representative will receive a copy of the monitoring report. Their name and phone number are identified on the face sheet of the report.

If the monitoring report does not identify any findings, a Corrective Action Plan is not necessary and the monitoring process is complete. **If any findings are identified in the monitoring report, you will have 120 days from the last day of the monitoring review to submit a Correction Action Plan to the Program Monitor.**

The corrective action process provides two options:

**Option One – The subgrantee self certifies by the submission of an Action Plan that details the corrective steps implemented, and that any finding(s) noted in the monitoring report are resolved.**


**Option Two – Submission of an outlined Corrective Action Plan that addresses the findings noted in this report to be reviewed and approved by OHS program staff (i.e. technical assistance).**

When corresponding to our office regarding this monitoring report, please include the monitoring control number on all correspondence. Send your response to:

Governor's Office of Homeland Security  
Grants Administrative Section  
Monitoring & Audits Unit  
State Capitol  
Sacramento, California 95814

Thank you for your participation in the monitoring process. If you have any questions regarding this letter or the attached report, please feel free to contact me at (916) 323-7611.

Sincerely,



Stacy Mason-Vegna  
Program Manager  
Grants Monitoring & Audits Unit

Attachment

cc: Leo LaMattina, OHS Program Representative  
Monitoring & Audits Unit, chron file  
Grants Management Unit, grant file

Monitoring Report Response Form

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TO: Governor's Office of Homeland Security Grants Management Section Monitoring & Audits Unit State Capitol Sacramento, CA 95814	Grant Numbers: <u>2003-0035</u>  Monitoring Control #M08-001 Number: _____  Response Due: <u>Feb. 24, 2008</u>
Attention: Stacy Mason-Vegna Program Manager	

FROM: Subgrantee: City of West Covina

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**Option One**

☐ I have reviewed and acknowledge receipt of the above referenced monitoring report.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number





# **CALIFORNIA GOVERNOR'S OFFICE OF HOMELAND SECURITY MONITORING NARRATIVE REPORT**

GRANT/FIPS NUMBER	PROGRAM NAME	PERIOD MONITORED	MONITORED AMOUNT
2003-0035 #037-84200	FY03 Part II Critical Infrastructure Protection (CIP)	03/17/03 to 04/16/03	\$102,989

<b>City of West Covina</b>			
<b>AUTHORIZED AGENT:</b>	Andrew Pasmant	<b>ADDRESS:</b>	1444 W. Garvey Avenue West Covina, CA 91790
<b>CONTACT EMAIL:</b>	andrew.pasmant@westcov.org		
<b>CONTACT PHONE NUMBER:</b>	(626) 939-9401		
<b>ALTERNATE POINT of CONTACT:</b>	Alex Houston		
<b>CONTACT EMAIL:</b>	alex.houston@wcpd.org		
<b>PROGRAM REPRESENTATIVE:</b>	Leo LaMattina	<b>E-mail:</b>	Leo.LaMattina@ohs.ca.gov
<b>PHONE NUMBER:</b>	(916) 324-6347		
<b>PROGRAM MONITOR:</b>	James Lewis	<b>E-mail:</b>	James.Lewis@ohs.ca.gov
<b>PHONE NUMBER:</b>	(916) 322-2335	<b>DATE OF MONITORING:</b>	January 22, 2008

## PERSONS INTERVIEWED DURING MONITORING VISIT

NAME	TITLE	AGENCY
Alex Houston (by phone)	Police Administrative Services Manager	West Covina Police Dept.

Prepared by:

James Lewis, Program Monitor, OHS Administration Division, Monitoring &amp; Audits Unit

Date

1/25/2008

Approved by:

Stacy Mason-Vegna, Program Manager, OHS Administration Division, Monitoring &amp; Audits Unit

Date

1/25/08

# City of West Covina

## Monitoring Report

Monitoring Report Summary	Total # of Items in Category	In Compliance	Not in Compliance	Not Monitored	Not Applicable	Total
<b>A. Administrative Review</b>						
Review of Audit Reports	2				2	2
Grant Assurances	1	1				1
Grant Approval Notification	2	2				2
Performance Reports	1				1	1
Homeland Security Strategies	1	1				1
Publication of Published Materials	1				1	1
<b>B. Programmatic Review</b>						
Program Goals and Objectives	2	2				2
Exercise	2				1	1
Training	1				1	1
Planning	1				1	1
<b>C. Financial Management</b>						
Accounting System	8	8				8
Distribution of Funds	1				2	2
Advance of Funds	2				2	2
Change Requests/Modifications	2				2	2
Maintenance of Records	1				1	1
<b>D. Fiscal: Personnel Services</b>						
Management and Administrative Services	3	1			2	3
Overtime/Back Fill	3	3				3
<b>E. Fiscal: Procurement</b>						
Responsibility	1				1	1
Methods of Procurement	4				4	4
<b>F. Fiscal: Equipment &amp; Property Management</b>						
Equipment Purchases	3				3	3
Property Management & Records Keeping	2				2	2
<b>G. Subgrantee Monitoring &amp; Oversight</b>						
Subrecipient single audit requirements	1				1	1
Management and Administrative Responsibility	1				1	1
Overtime/Backfill/CTO Responsibility	1				1	1
Procurement Responsibility	1				1	1
Equipment & Property Management Responsibility	1				1	1
<b>Total</b>	<b>49</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>49</b>

## City of West Covina Monitoring Report

### PROGRAM SUMMARY

**Corrective Action Plan:** Not Required.

### MONITORING REPORT DETAIL

**A. Administrative Review:** Subgrantee in compliance (3 items); Not applicable for Subgrantee (5 items).

1. **Review of Audit Report:** Not applicable for Subgrantee (2 items).
2. **Grant Assurances:** Subgrantee in compliance (1 item).
3. **Grant Approval Notification:** Subgrantee in compliance (2 items).
4. **Performance Reports:** Not applicable for Subgrantee (1 item).
5. **Homeland Security Strategies:** Not applicable for Subgrantee (1 item).
6. **Publication of Materials:** Not applicable for Subgrantee (1 item).

**B. Programmatic Review:** Subgrantee in compliance (2 items); Not applicable for Subgrantee (4 items).

1. **Program Goals & Objectives:** Subgrantee in compliance (2 items).
2. **Exercise:** Not applicable for Subgrantee (2 items)
3. **Training:** Not applicable for Subgrantee (1 item).
4. **Planning:** Not applicable for Subgrantee (1 items).

**C. Financial Management:** Subgrantee in compliance (8 items); Not applicable for Subgrantee (6 items).

1. **Accounting System:** Subgrantee in compliance (8 items).
2. **Distribution of Funds:** Not applicable for Subgrantee (1 item).
3. **Advance of Funds:** Not applicable for Subgrantee (2 items).



## City of West Covina Monitoring Report

- C. 4. **Change Request/Modifications:** Not applicable for Subgrantee (2 items).
5. **Records Maintenance:** Not applicable for Subgrantee (1 item).
- D. **Fiscal: Personnel Services:** Subgrantee in compliance (4 items); Not applicable for Subgrantee (2 items).
1. **Management and Administrative Services:** Subgrantee in compliance (1 item); Not applicable for Subgrantee. (2 items)
- a. Allocation: Not applicable for Subgrantee (1 item).
- b. Allowable Costs/Activities: Not applicable for Subgrantee (1 item).
- c. Functional Timesheets: Subgrantee in compliance (1 item).
2. **Overtime/Backfill and/or CTO:** Subgrantee in compliance (3 items).
- E. **Fiscal: Procurement:** Not applicable for Subgrantee (5 items).
- F. **Fiscal: Equipment & Property Management:** Not applicable for Subgrantee (5 items).
- G. **Subgrantee Monitoring & Oversight:** Not applicable for Subgrantee (5 items).